

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213537997

1.) CORPORATION NAME:

DUE DATE: **10/31/2013****LANCER MANAGEMENT COMPANY, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1604273****NATIONAL REGISTERED AGENTS INC****4701 COX ROAD****SUITE 301**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 370 W PARK AVE

CITY/ST/ZIP: LONG BEACH, NY 11561

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: WAYNE S RICCI
 TITLE: PRESIDENT
 ADDRESS: 370 WEST PARK AVENUE
 CITY/ST/ZIP/CO: LONG BEACH, NY 11561

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OFFICER

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DIRECTOR

NAME: PAMELA M. MARIN
 TITLE: VICE PRESIDENT
 ADDRESS: ONE FAIRCHILD COURT, SUITE 200
 CITY/ST/ZIP/CO: PLAINVIEW, NY 11803

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OFFICER

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DIRECTOR

NAME: KIERAN G. MCGOWAN
 TITLE: VICE PRESIDENT
 ADDRESS: ONE FAIRCHILD COURT, SUITE 200
 CITY/ST/ZIP/CO: PLAINVIEW, NY 11803

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OFFICER

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DIRECTOR

NAME: ANN MARIE MCTERNAN
 TITLE: S VP
 ADDRESS: 370 W PARK AVE
 CITY/ST/ZIP/CO: LONG BEACH, NY 11561

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OFFICER

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DIRECTOR

NAME: TIMOTHY R. O'Sullivan
 TITLE: VICE PRESIDENT
 ADDRESS: 370 WEST PARK AVE.
 CITY/ST/ZIP/CO: LONG BEACH, NY 11561

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OFFICER

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DIRECTOR

NAME: SHIRLEY B. ORTEGO
 TITLE: VICE PRESIDENT
 ADDRESS: 370 WEST PARK AVE.
 CITY/ST/ZIP/CO: LONG BEACH, NY 11561

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN M. SHAPIRO VICE PRESIDENT 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD M TEMKIN VICE PRESIDENT 370 W PARK AVE LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY D. DELANEY SEVP 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALISTAIR T. LIND EVP 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES O. EASON, JR. EVP 111 CORNING ROAD CARY, NC 27511	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANIS S. MOSCATO AVP 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE NEVERSON-DRAKE AVP 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A. PETRILLI SECRETARY 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL W. REILLY SVP 370 WEST PARK AVE. LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GAIL W. REILLY		GAIL W. REILLY, SVP	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE	
		8/15/2013	
		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			